REFERENCE FORM FOR MUSICAL THEATRE CERTIFICATE PROGRAM



To be filled out and signed by a professor, director, or teacher. No family members.

Please submit this completed form online at the submission portal at drama.uga.edu/mtcertificate by midnight on Tuesday. October 10, 2023. Applicant's Name: _____ Applicant's Email: This reference is confidential not confidential II. THIS SECTION TO BE COMPLETED BY THE REFEREE Name and Title of Referee: Phone: _____ E-mail:_____ 1. How long have you known the applicant and in what capacity? 2. What do you consider to be the candidate's best qualities to consider for acceptance into the **Musical Theatre Certificate Program?** 3. Is there any reason why you would not recommend that the applicant be accepted into the **Musical Theatre Certificate Program?**

PLEASE INDICATE YOUR PERCEPTIONS OF THE APPLICANT'S COMPETENCE IN THE FOLLOWING:

	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
Intellectual Curiosity					
Emotional Maturity					
Self-Initiative					
Collaboration					
Acting Ability					
Dance Ability					
Singing Ability					
Other remarks n	nay be written	or typed on the	back of this for	m or on a separate s	heet.
Signature of Referee: Date:					